



RHHT Data Collection Informational Webinar

SAMHSA HIV Evaluation Program

January 8, 2015

SAMHSA CSAT/CSAP/CMHS

Acronyms

CDP --	Common Data Platform
GRPA --	Government Performance and Results Act
RHHT --	Rapid HIV and Hepatitis Testing Form
SAMHSA --	Substance Abuse and Mental Health Services Administration
Q by Q --	Question by Question Guide

Rapid HIV/Hepatitis Testing Form – 2 pages



OMB No. 0930-0343
Expiration Date: 09/30/2017

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0343. Public reporting burden for this collection of information is estimated to average 8 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

SAMHSA MAI Rapid HIV/HEPATITIS Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS		1. Date of visit (mm/dd/yyyy): _____	
2. Grantee #: _____		3. Partner ID (if applicable): _____	
4. CLIENT ID: _____		5. Site type code # (see site code on back page) _____	
SECTION B: DEMOGRAPHICS			
1. Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Race (check all that apply) <input type="checkbox"/> Alaska Native/ American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Non-Hispanic	4. Age (check one) <input type="checkbox"/> <18 yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	5. Previous HIV Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: (check one) <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown
6. Previous Viral Hepatitis Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: (check one) <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown			
SECTION C: RISK BEHAVIORS			
1. During the past 30 days have you - from the date of this form (check all that apply)			
<input type="checkbox"/> had unprotected sex with a male <input type="checkbox"/> had unprotected sex with a female <input type="checkbox"/> had unprotected sex with a transgender individual <input type="checkbox"/> had unprotected sex with significant other in a monogamous relationship <input type="checkbox"/> had unprotected sex with multiple partners <input type="checkbox"/> had unprotected sex with an HIV positive person <input type="checkbox"/> had unprotected sex with an Hepatitis positive person			
<input type="checkbox"/> had unprotected sex with a person who injects drugs <input type="checkbox"/> had unprotected sex with a man who has sex with men <input type="checkbox"/> exchanged sex for drugs/money/shelter <input type="checkbox"/> been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes) <input type="checkbox"/> refusal <input type="checkbox"/> the client reports no known sexual risk factors			
2. During the past 30 days have you used: from the date of this form (check all that apply)			
<input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting (for men) <input type="checkbox"/> 3 or more alcoholic drinks in 1 sitting (for women) <input type="checkbox"/> cocaine (crack) <input type="checkbox"/> marijuana <input type="checkbox"/> ecstasy <input type="checkbox"/> heroin <input type="checkbox"/> methamphetamine			
<input type="checkbox"/> non-medical use of prescription drugs <input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia) <input type="checkbox"/> refusal <input type="checkbox"/> the client reports no known substance use risk factors <input type="checkbox"/> other (specify) _____			
3. Have you (check all that apply)			
<input type="checkbox"/> been diagnosed with alcohol or drug dependence, in the past 12 months <input type="checkbox"/> been in alcohol or drug treatment in the past 12 months <input type="checkbox"/> ever been in alcohol or drug treatment <input type="checkbox"/> been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder) <input type="checkbox"/> ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder) <input type="checkbox"/> none of the above			
SECTION D: Rapid HIV TESTING RESULTS		SECTION E: Rapid HEPATITIS B & C TESTING RESULTS	
1. Rapid HIV test result (check one)		1. Rapid Hepatitis test results (check all)	
<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Refusal		<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	
2. Did client receive result of rapid HIV test? (check one)		2. Did client receive results of rapid HEP test? (check one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Retest HIV Result: (check one)		3. Retest HEP Result: (check one)	
<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid/Indeterminate <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> N/A		<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid/Indeterminate <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> N/A	
4. Did client receive retest result of test? (check one)		4. Did client receive retest results of test? (check one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



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SECTION F: CONFIRMATORY TESTING OF HIV

rapid HIV test result is positive/reactive

Confirmatory HIV test result (check one)

☐ Negative/Non-reactive ☐ Positive/Reactive

☐ Invalid/Indeterminate ☐ Results pending

Type of confirmatory test (check one)

☐ Blood (plasma, serum, or blood spot)

☐ Oral ☐ Urine

SECTION G: CONFIRMATORY TESTING OF HEP B & C Test

(if rapid Hepatitis test result is positive/reactive)

1. Confirmatory HEP test result (check one)

☐ Negative/Non-reactive ☐ Positive/Reactive

☐ Invalid/Indeterminate ☐ Results pending

2. Type of confirmatory test (check one)

☐ Blood (plasma, serum, or blood spot)

SECTION H: TYPE OF HIV SERVICES PROVIDED

Check all that apply

☐ HIV Pre/Post- Prevention Counseling

☐ HIV Pre/Post-Test Counseling

☐ HIV Testing

☐ Referred to HIV Care and Treatment Services

☐ Linked to HIV care treatment after positive confirmation (Client attended a routine HIV medical care visit in last 3 months)

☐ Linked to HIV prevention/ancillary services if negative test result

SECTION I: TYPE OF Hepatitis SERVICES PROVIDED

(Check all that apply)

☐ Hepatitis Pre/Post- Prevention Counseling

☐ Hepatitis Pre/Post-Test Counseling

☐ Viral Hepatitis Testing

☐ Hepatitis Vaccination

☐ Yes ☐ A ☐ B ☐ C

☐ Twinrix

Date 1: _____

Date 2: _____

Date 3: _____

☐ No

☐ Referred to Hepatitis Care after positive confirmation

☐ Linked to Hepatitis care treatment after positive confirmation (Client attended a routine Hepatitis medical care visit in last 3 months)

☐ Linked to Hepatitis prevention/ancillary services if negative test result

SAMHSA MAI Rapid HIV Testing Clinical Information Form

Codes for Site Types

S01	Inpatient Facility	\$16	Community Setting-AIDS Service Organization-non-clinical
S02	Inpatient Hospital	\$17	Community Setting-Community Center
S03	Inpatient-Drug/Alcohol Treatment	\$18	Community Setting-Shelter/Transitional housing
S04	Inpatient Facility-Other	\$19	Community Setting-School/Education Facility
S05	Outpatient-Drug/Alcohol Treatment Clinic	\$20	Community Setting-Residential
S06	Outpatient-HIV Specialty Clinic	\$21	Community Setting-Public Area
S07	Outpatient-Community Mental Health	\$22	Community Setting-Workplace
S08	Outpatient-Community Health Clinic	\$23	Community Setting-Commercial
S09	Outpatient-TB Clinic	\$24	Community Setting-Other
S10	Outpatient-School/University Clinic	\$25	Community Setting-Bar/Club/Adult Entertainment
S11	Outpatient-Prenatal/OBGYN Clinic	\$26	Community Setting-Church/Mosque/Synagogue/Temple
S12	Outpatient-Family Planning	\$27	Correctional Facility
S13	Outpatient-Private Medical Practice	\$28	Blood Bank, Plasma Center
S14	Outpatient-Health Department/Public Health		
S15	Outpatient-Health Department/Public Health Clinic-HIV		



RHHT: Section A

SECTION A: SITE CHARACTERISTICS

2. Grantee #: _____

4. CLIENT ID: _____

1. Date of visit (mm/dd/yyyy): _____

3. Partner ID (if applicable): _____

5. Site type code # (see site code on back page) _____

RHHT: Section A

Client ID Guidance

- Unique client ID for every client (at intake)
- Client ID is used to track through interviews, baseline, clinical discharge, etc.
- 1-11 characters/numbers
- Exclude “.”[]!@#\$%^&*(.)”,
- Same unique ID for a client *each time*
- Exclude client:
 - Name
 - Initials
 - Date of birth
 - Social Security Number



***Same client ID for
RHHT and GPRA CDP***

RHHT: Section B

SECTION B: DEMOGRAPHICS

1. Gender <i>(check one)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Race <i>(check all that apply)</i> <input type="checkbox"/> Alaska Native/ American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White	4. Age <i>(check one)</i> <input type="checkbox"/> <18 years <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	5. Previous HIV Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <i>(check one)</i> <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown	6. Previous Viral Hepatitis Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <i>(check one)</i> <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown
2. Ethnicity <i>(check one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				

RHHT: Section C

SECTION C: RISK BEHAVIORS

1. During the past 30 days have you - from the date of this form (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> had unprotected sex with a male | <input type="checkbox"/> had unprotected sex with a person who injects drugs |
| <input type="checkbox"/> had unprotected sex with a female | <input type="checkbox"/> had unprotected sex with a man who has sex with men |
| <input type="checkbox"/> had unprotected sex with a transgender individual | <input type="checkbox"/> exchanged sex for drugs/money/shelter |
| <input type="checkbox"/> had unprotected sex with significant other in a monogamous relationship | <input type="checkbox"/> been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes) |
| <input type="checkbox"/> had unprotected sex with multiple partners | <input type="checkbox"/> refusal |
| <input type="checkbox"/> had unprotected sex with an HIV positive person | <input type="checkbox"/> the client reports no known sexual risk factors |
| <input type="checkbox"/> had unprotected sex with an Hepatitis positive person | |

2. During the past 30 days have you used: from the date of this form (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting (for men) | <input type="checkbox"/> marijuana | <input type="checkbox"/> non-medical use of prescription drugs |
| <input type="checkbox"/> 3 or more alcoholic drinks in 1 sitting (for women) | <input type="checkbox"/> ecstasy | <input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia) |
| <input type="checkbox"/> cocaine (crack) | <input type="checkbox"/> heroin | <input type="checkbox"/> refusal |
| | <input type="checkbox"/> methamphetamine | <input type="checkbox"/> the client reports no known substance use risk factors |
| | | <input type="checkbox"/> other (specify) _____ |

3. Have you (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> been diagnosed with alcohol or drug dependence, in the past 12 months | <input type="checkbox"/> been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder) |
| <input type="checkbox"/> been in alcohol or drug treatment in the past 12 months | <input type="checkbox"/> ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder) |
| <input type="checkbox"/> ever been in alcohol or drug treatment | <input type="checkbox"/> none of the above |

RHHT: Sections D & E

SECTION D: Rapid HIV TESTING RESULTS	SECTION E: Rapid HEPATITIS B & C TESTING RESULTS
1. Rapid HIV test result (check one) <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	1. Rapid Hepatitis test results (check all) <div> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal </div> <div> <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal </div>
2. Did client receive result of rapid HIV test? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Did client receive results of rapid HEP test? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Retest HIV Result: (check one) <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate <input type="checkbox"/> N/A	3. Retest HEP Result: (check one) <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate <input type="checkbox"/> N/A
4. Did client receive retest result of test? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Did client receive retest results of test? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No

RHHT: Sections F & G

SECTION F: CONFIRMATORY TESTING of HIV (if rapid HIV test result is positive/reactive)	SECTION G: CONFIRMATORY TESTING of HEP B & C Test (if rapid Hepatitis test result is positive/reactive)											
<p>1. Confirmatory HIV test result (<i>check one</i>)</p> <table border="0"><tr><td><input type="checkbox"/> Negative/Non-reactive</td><td><input type="checkbox"/> Positive/Reactive</td></tr><tr><td><input type="checkbox"/> Invalid/indeterminate</td><td><input type="checkbox"/> Results pending</td></tr></table> <p>2. Type of confirmatory test (<i>check one</i>)</p> <table border="0"><tr><td><input type="checkbox"/> Blood (plasma, serum, or blood spot)</td></tr><tr><td><input type="checkbox"/> Oral <input type="checkbox"/> Urine</td></tr></table>	<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive	<input type="checkbox"/> Invalid/indeterminate	<input type="checkbox"/> Results pending	<input type="checkbox"/> Blood (plasma, serum, or blood spot)	<input type="checkbox"/> Oral <input type="checkbox"/> Urine	<p>1. Confirmatory HEP test result (<i>check one</i>)</p> <table border="0"><tr><td><input type="checkbox"/> Negative/Non-reactive</td><td><input type="checkbox"/> Positive/Reactive</td></tr><tr><td><input type="checkbox"/> Invalid/indeterminate</td><td><input type="checkbox"/> Results pending</td></tr></table> <p>2. Type of confirmatory test (<i>check one</i>)</p> <table border="0"><tr><td><input type="checkbox"/> Blood (plasma, serum, or blood spot)</td></tr></table>	<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive	<input type="checkbox"/> Invalid/indeterminate	<input type="checkbox"/> Results pending	<input type="checkbox"/> Blood (plasma, serum, or blood spot)
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive											
<input type="checkbox"/> Invalid/indeterminate	<input type="checkbox"/> Results pending											
<input type="checkbox"/> Blood (plasma, serum, or blood spot)												
<input type="checkbox"/> Oral <input type="checkbox"/> Urine												
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive											
<input type="checkbox"/> Invalid/indeterminate	<input type="checkbox"/> Results pending											
<input type="checkbox"/> Blood (plasma, serum, or blood spot)												

RHHT: Sections H & I

SECTION H: TYPE OF HIV SERVICES PROVIDED

(Check all that apply)

- ☐ HIV Pre/Post- Prevention Counseling
 - ☐ HIV Pre/Post-Test Counseling
 - ☐ HIV Testing
 - ☐ Referred to HIV Care and Treatment Services
-
- ☐ Linked to HIV care treatment after positive confirmation
(Client attended a routine HIV medical care visit in last 3 months)
 - ☐ Linked to HIV prevention/ancillary services if negative test result

SECTION I: TYPE OF Hepatitis SERVICES PROVIDED

(Check all that apply)

- ☐ Hepatitis Pre/Post- Prevention Counseling
- ☐ Hepatitis Pre/Post-Test Counseling
- ☐ Viral Hepatitis Testing
- ☐ Hepatitis Vaccination
- ☐ Yes ☐ A Date 1: _____
- ☐ B Date 2: _____
- ☐ Twinrix Date 3: _____
- ☐ No _____
- ☐ Referred to Hepatitis Care after positive confirmation
- ☐ Linked to Hepatitis care treatment after positive confirmation
(Client attended a routine Hepatitis medical care visit in last 3 months)
- ☐ Linked to Hepatitis prevention/ancillary services if negative test result

RHHT: Site Type Codes

SAMHSA MAI Rapid HIV Testing Clinical Information Form

Codes for Site Types

S01	Inpatient Facility	S16	Community Setting-AIDS Service Organization-non-clinical
S02	Inpatient Hospital	S17	Community Setting-Community Center
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S05	Outpatient-Drug/Alcohol Treatment Clinic	S20	Community Setting-Residential
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S07	Outpatient-Community Mental Health	S22	Community Setting-Workplace
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S09	Outpatient-TB Clinic	S24	Community Setting-Other
S10	Outpatient-School/University Clinic	S25	Community Setting-Bar/Club/Adult Entertainment
S11	Outpatient-Prenatal/OBGYN Clinic	S26	Community Setting-Church/Mosque/Synagogue/Temple
S12	Outpatient-Family Planning	S27	Correctional Facility
S13	Outpatient-Private Medical Practice	S28	Blood Bank, Plasma Center
S14	Outpatient-Health Department/Public Health Clinic		
S15	Outpatient-Health Department/Public Health Clinic-HIV		

RHHT form submission process

RHT Form Submission

Email Submission

FY14_CoC_BH_HIV@samhsa.hhs.gov



Rapid HIV/Hep Testing form (RHHT)

OMB No. 0930-0343
Expiration Date: 09/30/2017

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Expiration Date: 09/30/2017

A Life In the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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SAMHSA MAI Rapid HIV/HEPATITIS Testing Clinical Information

1. Date of visit (mm/dd/yyyy): _____
2. Partner ID (if applicable): _____
3. Site type code # (see site code on back page): _____

4. Age (check one)
☐ <18 yrs
☐ 18-24 yrs
☐ 25-34 yrs
☐ 35-44 yrs
☐ 45-54 yrs
☐ 55-64 yrs
☐ 65+ yrs

5. Previous HIV Test
☐ Yes ☐ No
 If Yes: (check one)
☐ Result was negative
☐ Result was positive
☐ Result was inconclusive
☐ Result was unknown

6. Previous Viral Hepatitis Test
☐ Yes ☐ No
 If Yes: (check one)
☐ Result was negative
☐ Result was positive
☐ Result was inconclusive
☐ Result was unknown

SECTION A: SITE CHARACTERISTICS

2. Grantee #: _____
4. CLIENT ID: _____

SECTION B: DEMOGRAPHICS

1. Gender (check one)
☐ Male
☐ Female
☐ Transgender

2. Ethnicity (check one)
☐ Hispanic
☐ Non-Hispanic

3. Race (check all that apply)
☐ Alaska Native/
 American Indian
☐ Asian
☐ Black/African American
☐ Native Hawaiian/
 Other Pacific Islander
☐ White

SECTION C: RISK BEHAVIORS

1. During the past 30 days have you - from the date of this form (check all that apply)
☐ had unprotected sex with a male
☐ had unprotected sex with a female
☐ had unprotected sex with a transgender individual
☐ had unprotected sex with significant other in a monogamous relationship
☐ had unprotected sex with a person who injects drugs
☐ had unprotected sex with a man who has sex with men
☐ exchanged sex for drugs/money/shelter
☐ been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)

- Program REQ
- All clients receiving services

Please include both the *Grantee ID #* and the *Client ID #*



RHHT Form Completion



Primary data collection tool!

*** COMPLIANCE ***

- Legible
- Completely fill out form!
- Q by Q guide (reference)
- Consult Grantee/Govt Project Officer (GPO)



RHHT Form Scanning



- Light(er) setting
- Review before sending!

*** Check gray boxes ***


RHHT Form Emailing



- Designated email
- Zip file for >5 forms
- Encryption (let us know!)
- Review before sending
- Grantee ID Subject Line



RHHT Potential *Hot Spots*

- Legibility
- Grantee ID
- Client ID 
- Entering Client ID in Grantee ID field
- Demographics (e.g. ethnicity)
- Previous HIV/Hep test
- Test results

Please refer to your Q by Q guide!

Data Updates

- Paper based updates
- Make update on RHHT form
- Initial & date update
- Email update
 - Notification of update

e.g. Subject Line:

RHHT Form update - Grantee ID # XXXXX

Data Queries

- Requests for clarification
- Email communication
- Options
 - Email correction
 - Resubmit form



We know resources are limited!

RHHT Submission Technical Support

support@health-ra.com

Response within 24 hours

Please include your:

Name

Grantee ID #

Phone / email

